

Attorney Docket No. 1034559-000013

**COMBINED DECLARATION AND POWER OF ATTORNEY  
FOR UTILITY OR DESIGN PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**INHIBITORS OF ANTHRAX LETHAL FACTOR**

the specification of which (check only one item below):

- ☐ is attached hereto.
- ☒ was filed as United States Patent application Number 10/550,372  
on September 19, 2005 and was amended on \_\_\_\_\_ (if  
applicable).
- ☐ was filed as PCT International application Number \_\_\_\_\_  
on \_\_\_\_\_ and was amended on \_\_\_\_\_ (if  
applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign and domestic priority benefits under Title 35, United States Code, §§ 119 (a)-(e), 120, 172 or 365(a) of any foreign application(s) for patent or inventor's certificate or of any international (PCT) application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT International (PCT) application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §§119(a)-(e), 172 or 365(a):				
COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (MM/DD/YYYY)	PRIORITY CLAIMED UNDER 35 U.S.C. §§ 119, 172 OR 365(a)	
			Yes	No
WIPO	PCT/US2004/008293	03/17/2004	X	
United States of America	60/456,000	03/17/2003	X	

Combined Declaration and Power of Attorney  
For Utility or Design Patent Application  
Attorney Docket No. 1034559-000013  
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I hereby appoint the attorneys and agents associated with the following PTO Customer Number of Buchanan Ingersoll PC (including attorneys from Burns, Doane, Swecker & Mathis) to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and transact all business in connection with international applications directed to said invention:

Customer Number **41790**

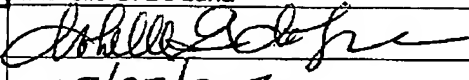
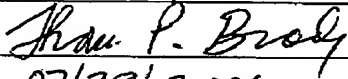
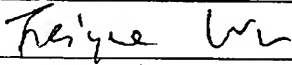
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>FULL NAME OF SOLE OR FIRST INVENTOR</b>	Darryl Rideout
Signature	<i>Darryl Rideout</i>
Date	7/20/06
Residence (City, State, Country)	San Diego, CA, U.S.A.
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City, State, ZIP, Country	San Diego, CA, 92121, U.S.A.
<b>FULL NAME SECOND INVENTOR, IF ANY</b>	Tseitlin Vladimir
Signature	<i>Tseitlin</i>
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City, State, ZIP, Country	San Diego, CA 92126, U.S.A.
<b>FULL NAME OF THIRD INVENTOR, IF ANY</b>	Mark Shenderovich
Signature	<i>Mark Shenderovich</i>
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<b>FULL NAME OF FOURTH INVENTOR, IF ANY</b>	Edward Semple
Signature	<i>Edward Semple</i>
Date	<i>Sept 14, 2006</i>
Residence (City, State, Country)	San Diego, CA, U.S.A.
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Mailing Address	9711 Caminito Pudregal
City, State, ZIP, Country	San Diego, CA, 92131, U.S.A.
<b>FULL NAME OF FIFTH INVENTOR, IF ANY</b>	Ruth F. Nutt
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Residence (City, State, Country)	Santa Fe, NM, U.S.A.
Citizenship	U.S.
Mailing Address	4 Colibri Tierra
City, State, ZIP, Country	Santa Fe, NM, , U.S.A.
<b>FULL NAME OF SIXTH INVENTOR, IF ANY</b>	Yalamoori Venkatachalapathi
Signature	<i>Y.V. Venkatachalapathi</i>
Date	<i>7/21/06</i>
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Citizenship	<del>India</del> <i>USA</i>
Mailing Address	12246 Summerbreeze Lane
City, State, ZIP, Country	San Diego, CA, 92128, U.S.A.
<b>FULL NAME OF SEVENTH INVENTOR, IF ANY</b>	Tsai Chung-Ying
Signature	<i>Chung-ying Tsai</i>
Date	<i>7/21/2006</i>
Residence (City, State, Country)	San Diego, CA, U.S.A.
Citizenship	U.S.
Mailing Address	16353 Los Rosales Street
City, State, ZIP, Country	San Diego, CA, 92127, U.S.A.

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<b>FULL NAME OF EIGHTH INVENTOR, IF ANY</b>	Michelle G. De Luna
Signature	
Date	07/27/2006
Residence (City, State, Country)	San Diego, CA, U.S.A.
Citizenship	U.S.
Mailing Address	14486 Seabridge Lane
City, State, ZIP, Country	San Diego, CA, 92128, U.S.A.
<b>FULL NAME OF NINTH INVENTOR, IF ANY</b>	Thomas P. Brady
Signature	
Date	07/28/2006
Residence (City, State, Country)	San Diego, CA, U.S.A.
Citizenship	U.S.
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City, State, ZIP, Country	San Diego, CA, 92126, U.S.A.
<b>FULL NAME OF TENTH INVENTOR, IF ANY</b>	Feiyue Wu
Signature	
Date	07/21/2006
Residence (City, State, Country)	Poway, CA, U.S.A.
Citizenship	China
Mailing Address	13240 Creekside Lane
City, State, ZIP, Country	Poway, CA, 92064, U.S.A.

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United States of America	60/456,000	03/17/2003	X	

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<b>FULL NAME SECOND INVENTOR, IF ANY</b>	Tseitin Vladimir
Signature	
Date	
Residence (City, State, Country)	San Diego, CA, U.S.A.
Citizenship	Russian
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<b>FULL NAME OF THIRD INVENTOR, IF ANY</b>	Mark Shenderovich
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City, State, ZIP, Country	San Diego, CA, 92128, U.S.A.

<b>FULL NAME OF FOURTH INVENTOR, IF ANY</b>	Edward Semple
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City, State, ZIP, Country	San Diego, CA, 92131, U.S.A.
<b>FULL NAME OF FIFTH INVENTOR, IF ANY</b>	Ruth F. Nutt
Signature <i>Ruth F. Nutt</i>	
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<b>FULL NAME OF SIXTH INVENTOR, IF ANY</b>	Yalamoori Venkatachalapathi
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